

AMERICAN RED CROSS RELEASE OF CONFIDENTIAL INFORMATION

A. I, _____
PRINT COMPLETE NAME

Hereby authorize the American Red Cross to release to Other disaster relief entities, including the Coordinated Assistance Network (CAN) any information maintained by the Red Cross that is relevant for the purpose of providing assistance for my needs caused by

DRO Number/Name and/or Chapter Incident

The Coordinated Assistance Network ("CAN") is a group of non-profit organizations that agree to coordinate their efforts to address the needs of people affected by a disaster. Depending on the disaster, CAN may include the American Red Cross, the Salvation Army, the United Way, faith-based relief organizations, and other organizations devoted to the mission of providing humanitarian and other emergency assistance in the wake of a disaster.

B. I, _____
PRINT COMPLETE NAME

Hereby authorize other disaster relief entities, including the Coordinated Assistance Network (CAN) to release to the Red Cross any information maintained that is relevant for the purpose of providing assistance for my needs caused by

DRO Number/Name and/or Chapter Incident

C. If you wish to limit this release to specific information, please specify the information that may be released:

CAS CASE # _____

901 CASE # _____

D. If you wish to limit this release to specific disaster relief entities, please specify only those entities to which information may be released:

E. In an effort to help locate other members of my family and/or notify other family members of my current residence in this shelter, I authorize the American Red Cross to post my name on American Red Cross databases, including those which may be accessed by the public.

(Initial one choice)

Yes, you may post my name _____

No, please do not post my name _____

SIGNATURE, HEAD OF HOUSEHOLD

IDENTIFICATION

DATE

SIGNATURE, SIGNIFICANT OTHER

IDENTIFICATION

DATE

RED CROSS STAFF MEMBER (PRINT NAME)

SIGNATURE

DATE

Rev. 4/23/2007.